Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024					
B Check if applicable:		C Name of organization		D Employer identification number	
Address change		LOAVES & FISHES COMMUNITY SERVICES			
	Name change	Doing business as		36-3786777	
	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			
Final return/		1871 HIGH GROVE LANE		630-355-3663	
termin- ated		City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 37,880,474.		
Amended return Application pending		NAPERVILLE, IL 60540		H(a) Is this a group return	
		F Name and address or principal officer: FIT CITY III 1111 VIX.	for subordinates? Yes X No		
` -		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	-	
J Website: LOAVES-FISHES.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1991 M State of legal dom					
		organization: X Corporation Trust Association Other	IL Year o	or formation: 1991	M State of legal domicile: 11
Part I Summary TO DROWING UEALTHY FOOD AND					
ė	1 E	Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTHY FOOD AND IMPACTFUL PROGRAMS TO PROMOTE SELF-SUFFICIENCY.			
ıan	i -				
Activities & Governance	1			I	assets.
	I .	Number of voting members of the governing body (Part VI, line 1a)		Ł	
		Number of independent voting members of the governing body (Part VI, line 1b)		·····	40
	1	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			
		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			
		Net unrelated business taxable income from Form 990-T, Part I, line 11			<u>" </u>
Revenue		Net differenced business taxable income from 1 offi 550-1,1 art i, line 1)		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	<u> </u>	24,333,719	. 36,812,931.
		Program service revenue (Part VIII, line 2g)		0	
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		126,877	. 123,731.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,907	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,444,689	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,827,195	
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
S	1			2,084,221	. 2,508,028.
use	16a F	Professional fundraising fees (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	b 1	otal fundraising expenses (Part IX, column (D), line 25) 615, 463			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		999,614	. 1,004,491.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,911,030	
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,533,659	1,397,394.
Net Assets or Fund Balances				ginning of Current Yea	
	20 7	Fotal assets (Part X, line 16)		12,989,771	
ASE	21 7	Total liabilities (Part X, line 26)		370,667	
E SE	22 1	Net assets or fund balances. Subtract line 21 from line 20		12,619,104	. 14,343,816.
Pa	art II 🥫	Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign *		The			30 84
		nature of afficer Date			
He	re	MICHĂEL HAVALA, PRESIDENT & CEO			
		Type or print name and title		Date Check	PTIN
<u>.</u>	, [Print/Type preparer's name Preparer's signature		VIII VIII	
Preparer Fi		RON MARKLUND RON MARKLUND	17	0/28/24 self-emp	loyed P01985511 36-2886485
		Firm's name DUGAN & LOPATKA, CPA'S PC		Firm's EIN	JU-400040J
		m's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 Phone no.630-665-4440			
May the IRS discuss this return with the preparer shown above? See instructions					X Yes No
11/12	VIOR IH	AND INSTALLAND THE REPORT WHITE THE CHEETER SHOWING ADDRESS TO SHE HIS DECIDEDS			١٧٠ نــــا ووانــــا ١٧٠